

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Virginia Archuleta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Estate of Bernardo & Ida Archuleta c/o Virginia A. Archuleta, Personal Representative P.O. Box 11 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>87510</p> <p>JUL 29 2016</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7007 0710 0003 0183 7215</p> <p>02-02 01-01, 01-03</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

EXHIBIT 2

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Salome Chaff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Salome Chaff 1001 Sasman Dr. San Bruno, CA 94066</p>		B. Received by (Printed Name) <i>Salome Chaff</i> C. Date of Delivery <i>08-01-16</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from <i>s</i>)		7004 0750 0003 8818 0830 <i>05-04</i>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Consuelo Archuleta 47000 Shadow Mt. Dr. Apt #23 Palm Desert, CA 92260</p>		B. Received by (Printed Name) C. Date of Delivery <i>02-26</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0710 0003 0183 7482 <i>05-04</i>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Benjamin Enrique Jaramillo
P.O. Box 743
Abiquiu, NM 87510

2. Article Number
(Transfer from sender)

7004 0750 0003 8818 0892

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Ben Jaramillo*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)*Ben Jaramillo***C. Date of Delivery***7/29/16*
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

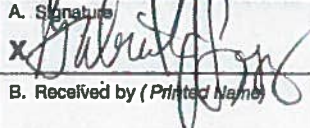
4. Restricted Delivery? (Extra Fee)☒ Yes*05-01*

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Elfido Audelio Lopez 517 N. Cambridge Gilbert, AZ 85233</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7007 0710 0003 0183 7253		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Bernardo Archuleta P.O. Box 41 Abiquiu, NM 87510</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7007 0710 0003 0183 7505		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Juan D. & Delia Lopez Trust c/o Gabe Lopez Trustee P.O. Box 32 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from servit) <u>7004 0750 0003 8818 0908</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

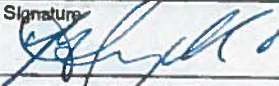
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Evan Maestas</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Michael Maestas P.O. Box 935 Espanola, NM 87532		B. Received by (Printed Name) <i>EVAN MAESTAS</i>	C. Date of Delivery <i>7-29-16</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service)		7007 0710 0003 0184 3452 <i>07-02</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

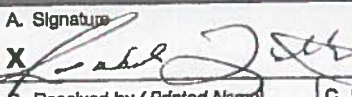
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <u>Ramon Maestas</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ramon Maestas P.O. Box 935 Espanola, NM 87532</p>		<p>B. Received by (Printed Name) <u>EVAN MAESTAS</u> </p>	<p>C. Date of Delivery <u>7-29-16</u> </p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No </p>	
		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p>		<p><u>7007 0710 0003 0184 3469</u></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

07-02

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Ivan Maestas</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sam Maestas P.O. Box 935 Española, NM 87532</p>		<p>B. Received by (Printed Name) <i>IVAN MAESTAS</i></p>	<p>C. Date of Delivery <i>7-29-16</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0710 0003 0183 7437 <i>07-02</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102585-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Eloy Trujillo Rural Route 4, Box 220 Ohkay Owingeh, NM 87566</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Eloy Trujillo</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>005507332</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from)</p> <p>7004 0750 0003 8818 0854</p>		<p>01-01 01-05</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Floyd Trujillo P.O. Box 165 Abiquiu, NM 87510</p>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;">AUG - 3 2016</p>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from)		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
		<p style="text-align: center;">7004 0750 0003 8818 0861</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: Isabel W. Trujillo P.O. Box 187 Abiquiu, NM 87510		B. Received by (Printed Name) Isabel W. Trujillo	C. Date of Delivery JUL 29 2015
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from serv)		7004 0750 0003 8818 0915	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Virgil F. Trujillo P.O. Box 187 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p style="text-align: center;">JUL 29 2016</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Numt (Transfer from)</p>		<p>7004 0750 0003 8818 0922</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p>Agustin & Bernadita Vigil Estate c/o Laura Caffey 4801 Glenwood Hills NE Albuquerque, NM 87111</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Laura Caffey</i> 7/30/16</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>JUL 30 2016</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service)</p>		<p>7007 0710 0003 0183 7499</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Eduardo Vigil P.O. Box 671 Espanola, NM 87532</p>		<p>B. Received by (Printed Name) <u>EDUARDO J. VIGIL</u></p> <p>C. Date of Delivery <u>7-29-16</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from ser)</p>		<p>7007 0710 0003 0184 0017</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Rochelle War 507 Camino Alborlera Española, NM 87532</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-29-14</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7007 0710 0003 0183 7451</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

07-01

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Veronica War P.O. Box 5063 Fairview, NM 87533</p>		<p>B. Received by (Printed Name) Veronica War</p>	<p>C. Date of Delivery AUG - 2 2004</p>
<p>2. Article Number (Transfer from service lab)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>7007 0710 0003 0183 7468</p>		<p>67-01</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540